

NYS DEPARTMENT OF CORRECTIONAL SERVICES
HEALTH SERVICES SYSTEM
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

CURRENT FAC: SOUTHPORT

REFERRING FAC : GRT HEAD GEN

REFERRAL NUMBER: 15485099.01

REFERRAL DATE : 11/17/15 09:06A TELEMED: N<N>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: X-RAY - SKELETAL

REFERRAL STATUS: *CANCELED*

URGENCY OF CARE: URGENT

INTERPRETER:

MEDICAL HOLD: NO

TYPE:

REASON CODE:

EXP. DATE:

TRANSPORTATION : N

WHEELCHAIR N

NURSE N

AMBULANCE N

LITTER N

HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: HOWARD SILVERBERG, MD

REVIEWED BY: HOWARD SILVERBERG, MD

REASON FOR CONSULTATION:

N MAIL N FAX

USER: 11/17/15 09:06A C040HJK

(LEFT SHOULDER X-RAY C/O CHRONIC PAIN WITH LIMITED ROM

(

(EXAM DONE 11-17-15

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(

=====

DECISION: A APPROVED 11/17/15.

DECISION COMMENTS:

(

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(

USER: 11/17/15 09:06A C040HJK

=====

CANCEL REASON: 03 SEEN-NOT SCH

USER: 11/17/15 09:06A C040HJK

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11/12/19 14:15:23
HSC4784A

NYS DEPARTMENT OF CORRECTIONAL SERVICES
HEALTH SERVICES SYSTEM
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

CURRENT FAC: SOUTHPORT

REFERRING FAC : GRT MEAD GEN

REFERRAL NUMBER: 15485061.01M

REFERRAL DATE : 11/17/15 08:56A TELEMED: N<N>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: PHYSICAL THERAPY

REFERRAL STATUS: SEEN

URGENCY OF CARE: ROUTINE

INTERPRETER:

MEDICAL HOLD: NO

TYPE:

REASON CODE:

EXP. DATE:

TRANSPORTATION : N

WHEELCHAIR N

NURSE N

AMBULANCE N

LITTER N

HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: HOWARD SILVERBERG, MD

APPOINTMENT: 01/05/16 08:30A

REVIEWED BY: HOWARD SILVERBERG, MD

POS: GREAT MEADOW CF

PROV: ABENES, NELSON-PTH

REASON FOR CONSULTATION:

N MAIL N FAX

USER: 11/17/15 08:56A C040HES

(IM WITH CHRONIC LEFT SHOULDER PAIN FROM BICEPS TENDONITIS. INTERFERING WIT)

(H LIFTING, CARRYING, ADL'S. HAS NOT RESPONDED TO TIME, REST, NSAIDS. X-RA)

(YS HAVE BEEN NEGATIVE. REQUESTING EVALUATION AND TREATMENT.)

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DECISION: APPROVED 11/17/15

DECISION COMMENTS:

USER: 11/17/15 12:31P OAPSDEJ

(APPROVE PTH INITIAL EVAL LEFT SHOULDER PAIN)

(ACG: A-0528 (AC))

(DEJRN/APS)

=====

POST-CLINIC:

RECOMMENDED BY SPECIALIST: N FOLLOW-UP

N PROCEDURE

N NEW REFERRAL

POST-CLINIC COMMENTS:

USER: 01/05/16 04:40P C040REB

()

()

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*ADDITIONAL COMMENTS: 00

11/12/19 14:15:24
HSC4784

NYS DEPARTMENT OF CORRECTIONAL SERVICES
HEALTH SERVICES SYSTEM
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

CURRENT FAC: SOUTHPORT

REFERRING FAC : GRT HEAD GEN

REFERRAL NUMBER: 15476686.01

REFERRAL DATE : 11/10/15 07:16P TELEMED: N<N>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: PRIMARY CARE

REFERRAL STATUS: SEEN

URGENCY OF CARE: SOON

INTERPRETER:

MEDICAL HOLD: NO

TYPE:

REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: JAMES THOMSEN, RN

APPOINTMENT: 11/17/15 08:00A

REVIEWED BY: HOWARD SILVERBERG, MD

POS: GREAT MEADOW CF

PROV: HOWARD SILVERBERG, MD

REASON FOR CONSULTATION: N MAIL N FAX

USER: 11/10/15 07:16P CD40JMT

(IM HAS SHOULDER SLIDING IN AND OUT X9MTHS, UNABLE TO LIFT ARM X 9 MTHS FOR F)

(RISK)

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POST-CLINIC:

RECOMMENDED BY SPECIALIST: N FOLLOW-UP N PROCEDURE N NEW REFERRAL

POST-CLINIC COMMENTS:

USER: 11/17/15 08:31A CD40HES

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REQUEST AND REPORT OF CONSULTATION

NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

CURRENT FAC: SOUTHPORT

REFERRING FAC : GRT HEAD GEN

REFERRAL NUMBER: 15462032.01

REFERRAL DATE : 11/02/15 01:45P TELEMED: N<N>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: PRIMARY CARE

REFERRAL STATUS: *CANCELED*

URGENCY OF CARE: ROUTINE

INTERPRETER:

MEDICAL HOLD: NO

TYPE:

REASON CODE:

EXP.DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: MARY S. HARRIS, RN

REVIEWED BY: HOWARD SILVERBERG, MD

REASON FOR CONSULTATION: N MAIL N FAX

USER: 11/02/15 01:45P C040MSH

(CORRESPONDENCE SHOULDER BACK AND STOMACHE PAINS)

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DECISION: A APPROVED 11/02/15

DECISION COMMENTS:

USER: 11/02/15 01:45P C040MSH

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CANCEL REASON: 09 ENTRY ERROR

USER: 11/10/15 07:15P C040JMT

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REQUEST AND REPORT OF CONSULTATION

NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

CURRENT FAC: SOUTHPORT

REFERRING FAC : GRT HEAD GEN

REFERRAL NUMBER: 15423672.01

REFERRAL DATE : 10/07/15 01:25P TELEMED: N<N>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: ANCILLARY/OTHER

REFERRAL STATUS: SEEN

URGENCY OF CARE: SOON

INTERPRETER:

MEDICAL HOLD: NO

TYPE:

REASON CODE:

EXP. DATE:

TRANSPORTATION : N

WHEELCHAIR N

NURSE N

AMBULANCE N

LITTER N

HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: CHRISTINE WATKINS, RN

APPOINTMENT: 10/15/15 08:00A

REVIEWED BY: HOWARD SILVERBERG, MD

POS: GREAT MEADOW CF

PROV: CHRISTINE WATKINS, RN

REASON FOR CONSULTATION:

N MAIL

N FAX

USER: 10/07/15 01:25P C040CTW

(BP CHECK

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POST-CLINIC:

RECOMMENDED BY SPECIALIST:

N FOLLOW-UP

N PROCEDURE

N NEW REFERRAL

POST-CLINIC COMMENTS:

USER: 10/15/15 10:24A C040RLB

(BP-149/87 P-90

(

11/12/19 14:15:39
HSC4783

NYS DEPARTMENT OF CORRECTIONAL SERVICES

PAGE 1

HEALTH SERVICES SYSTEM

REQUEST AND REPORT OF CONSULTATION

NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

CURRENT FAC: SOUTHPORT

REFERRING FAC : CLINTON GEN

REFERRAL NUMBER: 15153941.01

REFERRAL DATE : 04/13/15 09:20A TELEMED: N<N>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: NURSE PRAC SERVICES

REFERRAL STATUS: *CANCELED*

URGENCY OF CARE: SOON

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE: EXP. DATE:
 TRANSPORTATION: N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA
 SENSORIAL IMPAIRMENT:

REFERRED BY: RONALD DUMONT, RN

REVIEWED BY: KATIE CALLEY, NP

REASON FOR CONSULTATION: N MAIL N FAX USER: 04/13/15 09:20A C020RDD
 (CHRONIC LT SHOULDER AND BACK ISSUES STATES NO RELIEF FROM OTC)
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DECISION: A APPROVED 04/13/15

DECISION COMMENTS:

USER: 04/13/15 09:20A C020RDD

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CANCEL REASON: 01 NOT MED NEC

USER: 05/01/15 11:36A C040CTW

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REQUEST AND REPORT OF CONSULTATION

NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

CURRENT FAC: SOUTHPORT

REFERRING FAC : UPSTATE GEN

REFERRAL NUMBER: 15118905.01

REFERRAL DATE : 03/20/15 09:30A TELEMED: Y<Y>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: PSYCHIATRY

REFERRAL STATUS: *CANCELED*

URGENCY OF CARE: ROUTINE

INTERPRETER:

MEDICAL HOLD: NO

TYPE:

REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: OMH PSYCHIATRIST

REVIEWED BY: OMH PSYCHIATRIST

REASON FOR CONSULTATION: N MAIL N FAX

USER: 03/20/15 09:30A C840SLS

(HUNGER STRIKE EVALUATION)

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DECISION: A APPROVED 03/20/15

DECISION COMMENTS:

USER: 03/20/15 09:30A C840SLS

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CANCEL REASON: 06 PROV REQUEST

USER: 07/18/16 07:16A C040CTW

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NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

REFERRING FAC : UPSTATE GEN

CURRENT FAC: SOUTHPORT

REFERRAL DATE : 03/19/15 08:36A TELEMED: N<N>

REFERRAL NUMBER: 15116614.01

TYPE OF SERVICE: X-RAY - OTHER

REFERRAL TYPE : INITIAL

URGENCY OF CARE: SOON

REFERRAL STATUS: *CANCELED*

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: GLENN STANFORD SCHROYER,

REVIEWED BY: GLENN STANFORD SCHROYER,

REASON FOR CONSULTATION: N MAIL N FAX

USER: 03/19/15 08:36A C840PAR

(LEFT SHOULDER)

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DECISION: A APPROVED 03/19/15

DECISION COMMENTS:

USER: 03/19/15 08:36A C840PAR

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CANCEL REASON: 06 PROV REQUEST

USER: 07/18/16 07:16A C040CTW

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11/12/19 14:15:42
HSC4784NYS DEPARTMENT OF CORRECTIONAL SERVICES
HEALTH SERVICES SYSTEM
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

CURRENT FAC: SOUTHPORT

REFERRING FAC : UPSTATE SHU

REFERRAL NUMBER: 15068090.01

REFERRAL DATE : 02/17/15 10:25A TELEMED: N<N>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: X-RAY - OTHER

REFERRAL STATUS: SEEN

URGENCY OF CARE: URGENT

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: MARY KOWALCHUK, PA

APPOINTMENT: 02/17/15 08:00A

REVIEWED BY: MARY KOWALCHUK, PA

POS: UPSTATE CF

PROV: PATTI ROBERTSON

REASON FOR CONSULTATION: N MAIL N FAX

USER: 02/17/15 10:25A C840PAR

(LEFT FOREARM)

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POST-CLINIC:

RECOMMENDED BY SPECIALIST: N FOLLOW-UP N PROCEDURE N NEW REFERRAL

POST-CLINIC COMMENTS:

USER: 02/24/15 09:20A C840PAR

(NML FOREARM)

()

11/12/19 14:15:43
HSC4783

NYS DEPARTMENT OF CORRECTIONAL SERVICES

PAGE 1

HEALTH SERVICES SYSTEM

REQUEST AND REPORT OF CONSULTATION

NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

REFERRING FAC : UPSTATE SHU

CURRENT FAC: SOUTHPORT

REFERRAL DATE : 02/14/15 11:36A TELEMED: N<N>

REFERRAL NUMBER: 15066570.01

TYPE OF SERVICE: PHYSN ASST SERVICES

REFERRAL TYPE : INITIAL

URGENCY OF CARE: SOON

REFERRAL STATUS: *CANCELED*

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: MARY KOWALCHUK, PA

REVIEWED BY: MARY KOWALCHUK, PA

REASON FOR CONSULTATION: N MAIL N FAX

USER: 02/24/15 08:12A C848NER

(R RIB PAIN, C/O L SHOULDER PAIN)

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DECISION: A APPROVED 02/14/15

DECISION COMMENTS:

USER: 02/14/15 11:36A C840EJW

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CANCEL REASON: 99 TRANSFERRED

USER: 04/13/15 02:44P C020CAO

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11/12/19 14:15:45
HSC4784

NYS DEPARTMENT OF CORRECTIONAL SERVICES

PAGE

1

HEALTH SERVICES SYSTEM

REQUEST AND REPORT OF CONSULTATION

NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

CURRENT FAC: SOUTHPORT

REFERRING FAC : AUBURN GENER

REFERRAL NUMBER: 15010914.01

REFERRAL DATE : 01/09/15 08:40A TELEMED: N<N>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: NURSE PRAC SERVICES

REFERRAL STATUS: SEEN

URGENCY OF CARE: SOON

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: ANNETTE BOYD, RN

APPOINTMENT: 01/28/15 09:00A

REVIEWED BY: NANCY O'CONNOR-RYERSON, N

POS: AUBURN CF

PROV: NANCY O'CONNOR-RYERSON, N

REASON FOR CONSULTATION: N MAIL N FAX

USER: 01/27/15 06:25A C010BLG

(F / U FROM INFO)

(L SHOULDER & GI)

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POST-CLINIC:

RECOMMENDED BY SPECIALIST: N FOLLOW-UP N PROCEDURE N NEW REFERRAL

POST-CLINIC COMMENTS:

USER: 06/03/15 09:04A C040FCH

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11/12/19 14:15:46
HSC4784NYS DEPARTMENT OF CORRECTIONAL SERVICES
HEALTH SERVICES SYSTEM

PAGE 1

REQUEST AND REPORT OF CONSULTATION

NAME: GIRARD, CHAUNCEY

DIN: 11A1352 DOB: 08/27/1982

CURRENT FAC: SOUTHPORT

REFERRING FAC : AUBURN GENER

REFERRAL NUMBER: 14584446.01

REFERRAL DATE : 12/31/14 10:35A TELEMED: N<N>

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: X-RAY - OTHER

REFERRAL STATUS: SEEN

URGENCY OF CARE: SOON

INTERPRETER:

MEDICAL HOLD: NO

TYPE:

REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: PANG L. KOOI MD

APPOINTMENT: 12/31/14 08:45A

REVIEWED BY: PANG L. KOOI MD

POS: AUBURN CF

PROV: DEPT OF RADIOLOGY

REASON FOR CONSULTATION: N MAIL N FAX

USER: 12/31/14 10:35A C010BLG

(CHEST, L/S SPINE, LEFT ELBOW)

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POST-CLINIC:

RECOMMENDED BY SPECIALIST: N FOLLOW-UP N PROCEDURE N NEW REFERRAL

POST-CLINIC COMMENTS:

USER: 01/05/15 01:43P C010WCD

(NO FX, DISLOCATION, OR ARTHRITIC CHANGE)

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STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
GREAT MEADOW CORRECTIONAL FACILITY
INTERDEPARTMENTAL COMMUNICATION

TO: DEPUTY OF SECURITY

FROM: DR. H. SILVERBERG 

DATE: FEBRUARY 12, 2016

SUBJECT: DIN#: 11A1352 INMATE: GIRARD CELL: B-4-18

The above mentioned inmate has been seen in the health unit and the following special need/needs have been ordered.

_____ HE IS TO BE FED IN HIS CELL – effective until

_____ HE IS TO LOCK ON THE FLATS – effective until

_____ HE HAS BEEN ISSUED THE FOLLOWING TO BE effective until

BRACE:

CANE

CRUTCHES

OTHER:

_____ to be worn on _____, to be effective until

X

HE HAS THE FOLLOWING RESTRICTIONS - effective until

FEBRUARY 11, 2017

X NO LIFTING LEFT ARM ABOVE SHOULDER HEIGHT
CLIMBING STAIRS

OTHER:

HS/fcm

Cc: GUIDANCE OFFICE
B BLOCK OFFICER
PROGRAM COMMITTEE

INMATE
FILE

ALBANY MEDICAL CENTER

Albany Medical Center Hospital
43 New Scotland Avenue
Albany, New York 12208
Phone: (518) 262-8440

Printed: 5/12/2015 6:42 AM

Patient Name: GIRARD11A1352, CHAUNCEY
DOB: 08/27/1982
Accession No: 5310544
Med. Rec. No: 000000002362
Ordering Dr: FISHER NESMITH, PA
Patient Phone: (-)

Sex: M
Pt. Class: X
Order No: 90001
Pt NS/Room: -
Attending Dr: FISHER NESMITH, PA
Visit Number: 000000002617

Final Report

DATE OF EXAM: May 5 2015

RIBS, RIGHT (Acc#:5310544):

CLINICAL HISTORY: Right lower rib cage pain; evaluate for fracture.

RESULT: Three views of the right ribs are provided. The upper right ribs are not completely included on this exam.

The visualized right ribs are normal in configuration and patterns of mineralization. The visualized right lung is grossly clear. There is no evidence of a right-sided pleural effusion. The visualized thoracic vertebrae are normal in configuration, patterns of mineralization and alignment. The intervertebral disc spaces are well maintained.

IMPRESSION: There is no evidence of acute displaced linear fractures involving the visualized mid/lower right ribs.

Read by: MITCHEL CAMPITO MD

Report reviewed by: MITCHEL CAMPITO MD

Report reviewed and signed by: MITCHEL CAMPITO MD

Signed on: May 11 2015 5:47P

REVIEWED BY (init.) HC 5/19/15 DATE

- ☒ NO ACTION IS REQUIRED AT THIS TIME
☐ REPORT TO SICK CALL
☐ FOLLOW UP WILL BE ARRANGED WITH A PRIMARY PROVIDER
☐ FOLLOW UP WILL BE ARRANGED WITH A SPECIALIST
☒ NOTIFICATION FORM COMPLETED AND DISTRIBUTED

FISHER NESMITH PA
GREAT MEADOWS CF
11739 ST RT 22 PO BOX 51
COMSTOCK NY 128210051

Transcriptionist: LJP On: May 11 2015 8:27A

1 of 1

05/11/2015 06:26am

ALBANY MEDICAL CENTER

Albany Medical Center Hospital
43 New Scotland Avenue
Albany, New York 12208
Phone: (518) 262-8440

Printed: 7/21/2016 7:32 AM

Patient Name: GIRARD, CHAUNCEY
DOB: 08/27/1982
Accession No: 5823993
Med. Rec. No: 000002667074
Ordering Dr: HOWARD SILVERBERG, MD
Patient Phone: (518) 639-5516

Sex: M
Pt. Class: O
Order No: 90004
Pt NS/Room: OP MUL-
Attending Dr: HOWARD SILVERBERG, MD
Visit Number: 000311459291

Final Report

DATE OF EXAM: Jul 18 2016

MRI SHOULDER-LEFT (Acc#:5823993):

RESULT: CLINICAL HISTORY: Chronic posttraumatic shoulder

COMPARISON:

TECHNIQUE: Routine post arthrogram MRI left shoulder following injection of the left glenohumeral joint with the gadolinium to saline solution.

Acrromioclavicular joint unremarkable. Anatomic variant of an os acromiale. Mild increased signal distal supraspinatus tendon compatible with mild tendinosis. Mild increased signal distal infraspinatus tendon with mild subcortical cystic change posterolateral humeral head compatible with mild tendinosis. Teres minor muscle and tendon intact. No fluid within the subacromial subdeltoid bursa.

Linear cleft of contrast at the base of the biceps labral complex compatible with an anatomic variant of a sublabral sulcus. There is underlying mild biceps labral complex degeneration. Long head biceps tendon intact within the rotator cuff interval and bicipital groove.

Subscapularis tendon intact. Posterior subluxation of the humeral head with respect to the glenoid fossa. Irregular high signal within the posterior glenoid labrum from the posterior inferior to the posterior superior quadrant

Anterior labrum IGHL intact. MOHL intact.

In the axial plane, mild posterior subluxation humeral head with respect to the glenoid fossa. Linear high signal extending through the chondral labral junction of the posterior glenoid labrum from the posterior inferior to the posterior superior quadrant compatible with nondisplaced partially detached tear. Degenerative subchondral cyst formation posterior glenoid rim from the posterior inferior to the posterior superior quadrant. Imaging findings suggests posterior shoulder instability.

Articular cartilage glenohumeral joints preserved.

1.0 x 0.8 cm well-corticated ossicle in the subscapularis recess lateral to the base of the coracoid process compatible with an osteochondral loose body.

IMPRESSION:

Mild posterior subluxation humeral head with respect to the glenoid fossa. Nondisplaced partially detached tear posterior glenoid labrum from the posterior inferior to the posterior superior quadrant. Degenerative subchondral cysts

HOWARD SILVERBERG MD
318 BROADWAY

FORT EDWARD NY 12828

Transcriptionist: PSC On: Jul 19 2016 11:33A

ALBANY MEDICAL CENTER

Albany Medical Center Hospital
43 New Scotland Avenue
Albany, New York 12208
Phone: (518) 262-8440

Printed: 7/21/2016 7:32 AM

Patient Name: GIRARD, CHAUNCEY
DOB: 08/27/1982
Accession No: 5823993
Med. Rec. No: 000002667074
Ordering Dr: HOWARD SILVERBERG, MD
Patient Phone: (518) 639-5516

Sex: M
Pl. Class: O
Order No: 90004
Pt NS/Room: OP MUL
Attending Dr: HOWARD SILVERBERG, MD
Visit Number: 000311459291

posterior inferior to the posterior superior glenoid rim. Correlate for posterior shoulder instability.

Anterior labrum IGHL intact.

Anatomic variant of a sublabral sulcus of the biceps labral complex with underlying mild biceps labral complex degeneration.

1.0 cm osteochondral loose bodies subscapularis recess, lateral to the base of the coracoid process.

Anatomic variant of an os acromiale with mild hypertrophic changes at the synchondrosis. This may indicate a symptomatic os acromiale. Mild supraspinatus and infraspinatus tendinosis without rotator cuff tear.

Signed by Phuong Vinh, MD 7/19/2016 11:33 AM

Read by: PHUONG VINH MD
Report reviewed by:

Report reviewed and signed by: PHUONG VINH MD
Signed on: Jul 19 2016 11:33A

REVIEWED BY PH, 7/22/16 DATE
☐ NO ACTION IS REQUIRED AT THIS TIME
☐ REPORT TO SICK CALL
☐ FOLLOW UP WILL BE ARRANGED WITH A PRIMARY PROVIDER
☒ FOLLOW UP WILL BE ARRANGED WITH A SPECIALIST
☒ NOTIFICATION FORM COMPLETED AND DISTRIBUTED

HOWARD SILVERBERG MD
318 BROADWAY

FORT EDWARD NY 12828

Transcriptionist: PSC On: Jul 19 2016 11:33A

Mitchell Rubinovich, M.D.
107 E. Chestnut Street, Suite 106, Rome, NY 13440
PHONE: 315-338-9200 FAX: 315-338-9202

8/12/2016

Dr. Howard Silverberg
Great Meadow Correctional Facility
11739 State Route 22
P.O. Box 51
Comstock, New York 12821-0051

*Grm
Haven*

RE: Chauncy Girard
DIN#: 11A1352

Dear Dr. Silverberg :

Thanks for sending Chauncy back to see me today. He is a gentleman who had an injury when someone jumped on his shoulder while he was lying on the floor. This occurred a year ago. He has been left with pain and difficulty moving the shoulder since that time. We tried a course of physical therapy, but he was in too much pain to tolerate the physical therapy.

On exam right now, I can passively get him up to about 80 degrees of forward flexion, maybe 40 degrees of abduction. He has pain at the extreme of either of these movements. I cannot move the shoulder far enough to see whether or not he has instability. He has normal sensation.

He has had an MRI study which shows damage to the posterior labrum and some tendinosis.

To be honest, I am really not sure what is going on with his shoulder. I cannot put the whole picture together to come up with a firm diagnosis. I would suggest we get him to see either one of the sport med docs, or one of the shoulder specialists to review his MRI study, and see if they have any ideas about what should be done.

Sincerely,



Mitchell Rubinovich, M.D.
MR/dh

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name: GIRARD, CHAUNCEY
Case Number: 279729
DOB: 08/27/1982
Admission Screening Date: 03/20/2015

State ID: 3129843
Gender: Male
DIN: 11-A-1352

Unit: 715 Elmira OMH Satellite Unit

Note Unit: 715 Elmira OMH Satellite Unit

Entered By: 431501 Bautista, Fatima J

Date: 06/12/2019

Time	Description	Svc Unit	Duration	Note Code
9:58 am		715		Psychiatrist Note

Notes: PSYCHIATRIC PROGRESS NOTE (356 MED CNYPC)

MED 15 DIAGNOSES: (primary diagnosis should be listed first with a "P" notation)

Psychiatric Diagnosis: Adjustment Disorders, Unspecified (P); ASPD**Medical Diagnosis:** GERD, right upper abdominal pain; NKDA

CHIEF COMPLAINT AND CURRENT ISSUES: (include complaints, preoccupations, worries, issues, etc.): Patient was seen at Elmira CF by VTC. Patient is not on psych meds. Hewas on keep lock for 23 days for unopened mail. Today he stated that his mood is "I feel all right". He denies any thoughts and plans to hurt self. He keeps busy by reading books. He keeps busy with reading nd music. He shared having pain and "hard to breath" on the right side. He was encouraged to see medical. He was informed the need to comply with group/ verbal therapy.

CHANGES IN MEDICAL STATUS: (include lab work, etc.): None

MENTAL STATUS EXAMINATION AND CHANGES: (include stable/not stable: response or lack of response to treatment, improving (not), de-compensating: Appropriately groomed; good eye contact; mood is neutral, affect is congruent with mood, full range, speech is coherent and logical, thought content clear, thought process organized and goal directed, he denies thoughts and plans to hurt self or others, memory and cognition- good, alert and oriented x3, impulse control -fair, insight and judgment - fair)

ASSESSMENT OF SUICIDE RISK: (Describe suicide risk warning signs /triggers (IS PATH WARM, Prison based, or Individual) which are present or indicate "none are present: No warning signs present. CSRA was reviewed. He denies any thoughts and plans to hurt self. He has not engaged in self-harm behaviors.

ASSESSMENT/CURRENT DIAGNOSTIC IMPRESSION/PLAN: (Include changes to diagnoses and/or treatment options. Indication for each psychiatric medication must be documented either here, below in the Medication Section or in the Physician: Patient is presents with oppositional behavior that is not related to any form of depression or paranoid delusions. He has admitted in sessions with therapist that he problems with officers. Pt is showing stability without psych meds. Continue verbal therapy.

LIST OF ALL CURRENT PSYCHIATRIC AND MEDICAL MEDICATIONS: (include all current medications from transferring unit/facility including medical medications at the first visit after transfer. For subsequent notes, list all current psychiatric medications and any updates to medical medications. Include dose and frequency for each medication listed):

Psychiatric Medications:

None

Medical Medications:

None

Revisions or changes to medications. (Include dose, route, frequency and indications): See list**MEDICATION EDUCATION PROVIDED** (check when provided): No psych meds

User: Bautista, Fatima J

06/12/2019 11:33:18

OMH PHI

Page 1 of 2

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NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name:	GIRARD, CHAUNCEY	State ID: 3129843
Case Number:	279729	Gender: Male
DOB:	08/27/1982	DIN: 11-A-1352
Admission Screening Date:	03/20/2015	

Unit: 715 Elmira OMH Satellite Unit

FOLLOW -UP: (indicate next appointment): 6 months**Staff:** 431501 Bautista, Fatima J**Title:** Psychiatrist 1**Date:** 06/12/2019**Confirmed By:** 431501 Bautista, Fatima J**Date:** 6/12/19 11:33 am**Title:** Psychiatrist 1**Electronically Signed By:** Bautista, Fatima J **On** 6/12/2019 11:33:14AM

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name:	GIRARD, CHAUNCEY	State ID: 3129843
Case Number:	279729	Gender: Male
DOB:	08/27/1982	DIN: 11-A-1352
Admission Screening Date:	03/20/2015	

Unit: 715 Elmira OMH Satellite Unit

Note Unit: 715 Elmira OMH Satellite Unit

Entered By: 431501 Bautista, Fatima J

Date: 08/14/2019

Time	Description	Svc Unit	Duration	Note Code
9:54 am		715		Psychiatrist Note

Notes: PSYCHIATRIC PROGRESS NOTE (356 MED CNYPC)

MED 15 DIAGNOSES: (primary diagnosis should be listed first with a "P" notation)

Psychiatric Diagnosis: Adjustment Disorders, Unspecified (P); R/O PTSD; ASPD

Medical Diagnosis: GERD, right upper abdominal pain; NKDA

CHIEF COMPLAINT AND CURRENT ISSUES: (include complaints, preoccupations, worries, issues, etc.): Patient was seen at Elmira CF by VTC. Patient is not on psych meds. He stated he "feel like jittery and scared". He denies any thoughts and plans to hurt self. Pt stated he feels this way when he sees officers and homosexuals. He stated in 2011 he was seen in county jail and reported that he was assaulted in 2009 "by a few people". Pt is guarded. His mood is "one minute good, another I feel scared". He reports perceptual distortions "I hear voices, everything I'm thinking, I hear it". When asked if he hears his own voice, he answered "I hear thoughts of other people". Pt corresponds through mail with his aunt. His mother is deceased and he has no contact with his father. He keeps busy by sitting around and reading. He has no programs. Benefits and side effects of Remeron were discussed, he has shown understanding. He agreed to start.

CHANGES IN MEDICAL STATUS: (include lab work, etc.): None

MENTAL STATUS EXAMINATION AND CHANGES: (include stable/not stable: response or lack of response to treatment, improving (not), de-compensating: Appropriately groomed; good eye contact; mood is anxious, affect is congruent with mood, affect is slightly guarded, speech is coherent, thought content has perceptual distortions; thought process goal directed, he denies thoughts and plans to hurt self or others, memory and cognition- good, alert and oriented x3, impulse control -fair, insight and judgment - fair.

ASSESSMENT OF SUICIDE RISK: (Describe suicide risk warning signs /triggers (IS PATH WARM, Prison based, or Individual) which are present or indicate "none are present: No warning signs present. CSRA was reviewed. He denies any thoughts and plans to hurt self. He has not engaged in self-harm behaviors.

ASSESSMENT/CURRENT DIAGNOSTIC IMPRESSION/PLAN: (Include changes to diagnoses and/or treatment options. Indication for each psychiatric medication must be documented either here, below in the Medication Section or in the Physician: Patient is presents with oppositional behavior that is not related to any form of depression or paranoid delusions. He has admitted in sessions with therapist that he problems with officers. Pt is showing stability without psych meds. Continue verbal therapy.

LIST OF ALL CURRENT PSYCHIATRIC AND MEDICAL MEDICATIONS: (include all current medications from transferring unit/facility including medical medications at the first visit after transfer. For subsequent notes, list all current psychiatric medications and any updates to medical medications. Include dose and frequency for each medication listed):

Psychiatric Medications:

Remeron 15mg PO PM - anxiety

Medical Medications:

User: Bautista, Fatima J

08/14/2019 13:03:04

OMH PHI

Page 1 of 2

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NYS Office Of Mental Health - MHARSII

Progress Note -Single Detail

43 Central New York Psychiatric Center

Patient Name:	GIRARD, CHAUNCEY	State ID: 3129843
Case Number:	279729	Gender: Male
DOB:	08/27/1982	DIN: 11-A-1352
Admission Screening Date:	03/20/2015	

Unit: 715 Elmira OMH Satellite Unit

None

Revisions or changes to medications. (Include dose, route, frequency and indications): See list**MEDICATION EDUCATION PROVIDED** (check when provided): X**FOLLOW -UP:** (indicate next appointment): 1 month

Staff: 431501 Bautista, Fatima J

Title: Psychiatrist 1

Date: 08/14/2019

Confirmed By: 431501 Bautista, Fatima J

Date: 8/14/19 1:02 pm

Title: Psychiatrist 1

Electronically Signed By: Bautista, Fatima J On 8/14/2019 1:02:56PM

User: Bautista, Fatima J

08/14/2019 13:03:04

Page 2 of 2

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Mental Hygiene Law, Section 33.16. Central New York Psychiatric
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to other persons or agencies.

4

Name: Girard, Chauncey	C#: 279729	DIN #: 11a1352
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107 MED CNYPC 06/15

OMH-PHI

Central New York Psychiatric Center

**SPECIAL HOUSING UNIT (SHU)/
LONG TERM KEEP LOCK (LTKL)
MENTAL HEALTH INTERVIEW**

Name: Girard, Chauncey C#: 279729 DIN #: 11a1352 Date of Birth: 8/27/1982
 Date of Placement in Green Haven SHU/LTKL: 7/31/2018
 Date of Placement in SHU/LTKL: 7/31/2018
 Facility: Green Haven Correctional Facility
 SHU/LTKL Sentence: Pending
 Disciplinary Infraction: 104.11 VIOLENT CONDUCT 100.11 ASSAULT ON STAFF 106.10 DIRECT ORDER

Date/Time of SHU/LTKL Interview: 9/19/2018 Time: 907 AM / PM

Type of Evaluation: ☐ Intake ☐ 14 day ☒ 30 day ☐ 90 dayInmate/patient evaluated in: ☒ SHU/SHU 200 ☐ LTKL☐ Other:On OMH Active Caseload at time of SHU/LTKL Placement ☒ Yes ☐ NoReferral Received: ☐ Yes ☒ No

Private Interview (check applicable):

Include reason for referral (If applicable):

Inmate/patient: ☐ Utilized private interview ☒ Refused private interview

Reason for refusal (If applicable):

Appearance and Attitude:

	Yes	No
Appropriate Grooming:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Good Hygiene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alert:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Friendly:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperative:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spontaneous:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Guarded:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Abnormalities of behavior/movement):		

☐ Inmate/Patient reported having no problems and no interest in speaking with mental health staff at this time.**Orientation:**

	Yes	No
Time:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Place:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Person:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

☐ Inmate/Patient declined to answer questions for interview – no overt indication of disorientation

Attention and Memory Impairment:

	None	Mild	Moderate	Severe
Concentration:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent Memory:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote Memory:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Inmate/Patient declined to answer questions for interview.

Mood

	None	Mild	Moderate	Severe
Depression:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearful <input type="checkbox"/>		Elated <input type="checkbox"/>	Angry <input type="checkbox"/>	
Feelings of Hopelessness		<input type="checkbox"/>		
Feelings of Helplessness		<input type="checkbox"/>		

Affect

Congruent with Mood	<input checked="" type="checkbox"/>
Incongruent to Mood	<input type="checkbox"/>
Blunted/Constricted	<input type="checkbox"/>
Expansive	<input type="checkbox"/>
Labile	<input type="checkbox"/>
Flat	<input type="checkbox"/>

☐ Inmate/Patient declined to answer questions for interview – no overt indication of emotional distress noted.**Speech**

English Fluency: Good: ☒ Poor: ☐
 Primary Language: English

	Yes	No		Yes	No
Coherent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delayed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mute	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pressured	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Relevant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Perseverative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Productive	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Circumstantial	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Pace: Slow ☐ Appropriate ☒ Fast ☐Volume: Low ☐ Appropriate ☒ High ☐Rhythm: Appropriate ☒ Halting/Broken☐ Unable to assess – limited sample of speech available to clinician due to inmate/patient declining to be interviewed.

OMH-PHI

Name: Girard, Chauncey

C#: 279729

DIN #: 11a1352

Thought

Yes No

Disorganized: ☐ ☒Irrational: ☐ ☒Illogical: ☐ ☒Loose Associations: ☐ ☒Ideas of Reference: ☐ ☒Ideas of Influence: ☐ ☒Thought Blocking: ☐ ☒

☐ Unable to assess -- limited sample of speech available to clinician due to inmate/patient declining to be interviewed -- no overt indication of thought disorder.

Perception

Yes No

Auditory Hallucinations: ☐ ☒Other Hallucinations: ☐ ☒

(Specify)

☐ Inmate/Patient declined to answer questions for interview -- no overt indication of perceptual disturbance.

Suicide/Homicide☒ No Thoughts or intent of suicide or self harm☐ Reports recent/current thoughts of suicide/self harm☐ Reports current intent of suicide or self harm☒ No thoughts or intent of harming others☐ Reports recent/current thoughts of harming others☐ Reports current intent of harming others

☐ Inmate/Patient declined to answer questions for interview -- Warning signs documented below based on available information.

Prison-Specific Risk Factors:☐ Harassment/Threats☐ Overwhelmed☐ Transfer/Fear of Transfer☐ Family Estrangement☐ Loss/Rejection☐ Adverse Parole/Court Outcome☐ Gang-related Fears☒ Sanctions/SHU**Document Warning Signs of imminent suicide risk (IS PATH WARM):**☐ Warning signs are not present.☐ Warning signs are present (list warning signs below):☐ Ideation☐ Substance Abuse☐ Purposeless☐ Anxiety☐ Trapped☐ Hopeless☐ Withdrawal☐ Anger☐ Reckless☐ Mood Changes

Additional Info: Pt. was admitted to RCTP 3 times in a two week period in 2015 at Clinton and most recently admitted to RCTP 7/31/18 when he was admitted to GH SHU for staff assault. Mr. Girard was admitted to Downstate CF RCTP as a 4301 from Green Haven CF on 7/31/18 after threats of self-harm following a use of force. He refused all private interviews with the exception of today's interview 8/8/18: Mr. Girard reports that he was assaulted and sexually assaulted at Green Haven CF. Patient states that he reported this to the Sergeant, and during that interview is when Patient stated "I'll kill myself before I go to SHU for something I didn't do." It is explained that Green Haven CF is Patient's permanent facility, and he will be transferred to a RCTP bed there. Patient reports "I am not going there. I'll kill myself or make them kill me." Team encourages Patient to willingly comply with the transfer. Patient adamantly refused and was held two more days before he complied and was d/c to GH SHU. Green Haven Observation Cell 08/08/2018 08/10/2018CNET notes one prior attempt to hang in upstated CF in March 2015. While housed in RCTP, pt. engaged in self-injurious behavior via reportedly biting his left arm on 8/6/18 while in RCTP. Patient has two scabbed over marks on his arm. He reports he did this because he does not want to return to Green Haven CF. Housed in SHU, single cell, violent crime, current sanctions, and ASPD personality traits, are noted risk factors at this time. Pt reports he was raised by his mother, with occasional contact from father. Pt reports he has a total of 15 siblings. Pt also has three children, ages 11, 10 and 9.

UPDATE GHCF 5/15/2018

Patient reports that his aunt and sister are supportive. Records report pt started cannabis use at age 11 and alcohol use since age 15. Pt reports by age 17 he used these substances about every other day. He reports he attended Arms Acres rehab at age 17, and received outpatient substance use treatment in 2006 while incarcerated at Cape Vincent. Pt is stable, but is in need of monitoring. Any disturbance in behaviors may result in RCTP admission

Psychiatric HistoryHistory of outpatient treatment: Yes ☒ No ☐

Dates of most recent treatment: Pt. has not been placed in a special program while incarcerated. At 1/14/15 screening pt reports he was diagnosed with PTSD in 2010 or 2011 but did not specify where this diagnosis was made. Pt stated only that he is

Insight/Judgment

Good Poor

Insight: ☒ ☐Understanding of current circumstances: ☒ ☐Judgment: ☒ ☐

OMH-PHI

Name: Girard, Chauncey	C#: 279729	DIN #: 11a1352
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<p>scared of CO's and that he was "beat up". Pt did not provide any further information about this.</p> <p>UPDATE GHCF 5/15/2018</p> <p>Patient is currently a MH level 4, with a diagnosis of adjustment disorder unspecified.</p> <p>History of Inpatient treatment: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Dates of most recent treatment: Pt has no history of psychiatric hospitalizations. Pt denied a history of mental health services at reception. Pt. was admitted to RCTP 3 times in a two week period in 2015 at Clinton and most recently admitted to RCTP 7/31/18 when he was admitted to GH SHU for staff assault. Mr. Girard was admitted to Downstate CF RCTP as a 4301 from Green Haven CF on 7/31/18 after threats of self-harm following a use of force. He refused all private interviews with the exception of today's interview 8/8/18: Mr. Girard reports that he was assaulted and sexually assaulted at Green Haven CF. Patient states that he reported this to the Sergeant, and during that interview is when Patient stated "I'll kill myself before I go to SHU for something I didn't do." It is explained that Green Haven CF is Patient's permanent facility, and he will be transferred to a RCTP bed there. Patient reports "I am not going there. I'll kill myself or make them kill me." Team encourages Patient to willingly comply with the transfer. Patient adamantly refused and was held two more days before he complied and was d/c to GH SHU. Green Haven Observation Cell 08/08/2018 08/10/2018</p>	<p><input type="checkbox"/> Inmate/Patient declined to answer questions for interview.</p>
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<p>Inmate/Patient participation in evaluation process (check applicable):</p> <p><input checked="" type="checkbox"/> Inmate/Patient cooperated with evaluation</p> <p><input type="checkbox"/> Inmate/Patient did not cooperate fully with evaluation – available information from block officers and clinician observations provided no indication mental health issues or need for increased re-evaluation schedule.</p>
<p>Disposition:</p> <p><input type="checkbox"/> No indication for active mental health services</p> <p><input type="checkbox"/> Active screening to further assess need for mental health services</p> <p><input type="checkbox"/> Admit to mental health services. Patient informed of Patient Rights and Responsibilities on _____ date _____</p> <p><input checked="" type="checkbox"/> Continue on active status</p>
<p>Recommendations: <i>Complete if admitted to services. Include initial treatment recommendations and admitting diagnosis.</i></p>
<p>Signature: <u>Adam Bonta</u> Title: SWII Date: 9/19/2018</p>

OMH-PHI

MED CNYPC 360 (9/15)

CENTRAL NEW YORK PSYCHIATRIC CENTER RCTP OBSERVATION/DORM INITIAL PROGRESS NOTE		Patient's Name: Girard, Chauncey C#: 279729 DIN: 11A1352 Date of Birth: 08/27/82 Unit Name: 717 Date of Admission/Transfer to RCTP: 10/28/18													
Date & Time: 10/29/18 11:20am	Interview conducted in a confidential interview room: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If No, document reason: <i>Overflow</i>														
<p>REASON FOR ADMISSION: Patient was admitted to RCTP after endorsing issues with security and anxiety as a result.</p> <p>SESSION CONTENT: Patient was seen by RCTP treatment team today. He was smiling when team arrived. "I want to get out of here. I never for a disposition from being in SHU. I put in a FOIL request. I just didn't feel safe up there over the weekend." He further explained he was referring to safety from officers because he was previously assaulted according to him. He reports today that he feels safe. He has spoken to the sergeant and captain who has reassured him they will get him the information he is looking for and he is satisfied with this. Patient reports adequate sleep and appetite. He denies thoughts of harm toward self or others. He is stable and being discharged to SHU where he will continue follow up with OMH.</p> <p>RELEVANT MEDICAL ISSUES: DOCCS</p> <p>MENTAL STATUS:</p> <p>Appearance: Appropriate for setting. Behavior: Calm. Speech: Normal rate, rhythm, tone and volume. Eye Contact: Good. Impulse: Fair. Attitude: Cooperative. Mood: Euthymic. Affect: Congruent. Thought Process: Clear, Coherent and Goal-directed. Perceptions: None reported or observed. Delusions: None. Sensorium: Alert. Insight/Judgment: Fair. Intellectual/Cognitive Functioning: Average.</p> <p>SUICIDE RISK ASSESSMENT:</p> <p>1.) Are there any changes in acute or chronic risk factors or protective factors noted on the CSRA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, describe briefly and update the CSRA:</p> <p>2.) Describe warning signs/triggers which are present or indicate none present (<i>IS PATH WARM warning signs; prison-based or individual triggers</i>): None Present</p> <p>Prison Specific Risk Factors:</p> <table border="0"> <tr> <td><input type="checkbox"/> Harassment/Threats</td> <td><input type="checkbox"/> Family Estrangement</td> </tr> <tr> <td><input type="checkbox"/> Overwhelmed</td> <td><input type="checkbox"/> Loss/Rejections</td> </tr> <tr> <td><input type="checkbox"/> Transfer/Fear of Transfer</td> <td><input type="checkbox"/> Adverse Parole/Court Outcomes</td> </tr> <tr> <td><input type="checkbox"/> Gang Related Fears</td> <td><input type="checkbox"/> Sanctions/SHU/LTKL</td> </tr> </table> <p>Warning Signs of Imminent Suicide Risk (IS PATH WARM):</p> <p><input checked="" type="checkbox"/> Warning signs are not present. <input type="checkbox"/> Warning signs are present (list warning signs below):</p> <table border="0"> <tr> <td><input type="checkbox"/> Ideation</td> <td><input type="checkbox"/> Anxiety</td> </tr> <tr> <td><input type="checkbox"/> Substance Abuse</td> <td><input type="checkbox"/> Trapped</td> </tr> </table>				<input type="checkbox"/> Harassment/Threats	<input type="checkbox"/> Family Estrangement	<input type="checkbox"/> Overwhelmed	<input type="checkbox"/> Loss/Rejections	<input type="checkbox"/> Transfer/Fear of Transfer	<input type="checkbox"/> Adverse Parole/Court Outcomes	<input type="checkbox"/> Gang Related Fears	<input type="checkbox"/> Sanctions/SHU/LTKL	<input type="checkbox"/> Ideation	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Trapped
<input type="checkbox"/> Harassment/Threats	<input type="checkbox"/> Family Estrangement														
<input type="checkbox"/> Overwhelmed	<input type="checkbox"/> Loss/Rejections														
<input type="checkbox"/> Transfer/Fear of Transfer	<input type="checkbox"/> Adverse Parole/Court Outcomes														
<input type="checkbox"/> Gang Related Fears	<input type="checkbox"/> Sanctions/SHU/LTKL														
<input type="checkbox"/> Ideation	<input type="checkbox"/> Anxiety														
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Trapped														

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OMH-PHI

CENTRAL NEW YORK PSYCHIATRIC CENTER RCTP OBSERVATION/DORM INITIAL PROGRESS NOTE	Patient's Name: Girard, Chauncey C#: 279729 DIN: 11A1352 Date of Birth: 08/27/82 Unit Name: 717 Date of Admission/Transfer to RCTP: 10/28/18
--	---

Date & Time:
 Error!
 Reference
 source not
 found.
 Error!
 Reference
 source not
 found.

☐ Purposeless
☐ Hopeless
☐ Reckless
☐ Mood Change

Additional Info:

DIAGNOSIS: (Indicate Primary Diagnosis with a "P")
 Mental Health: Adjustment Disorder, Unspecified

RCTP-SPECIFIC TREATMENT PLAN: (To be used while in the RCTP Area during this stay ONLY)
☒ Patient was released after first clinical visit. Treatment Plan not indicated.

PLAN: Patient is being discharged and will continue follow up with OMH.

STAFF SIGNATURE: Colleen P. K. Gleason
TITLE: Psychologist II
DATE: 10/29/18

PSYCHIATRIC ADVANCE DIRECTIVE:
 Is the inmate-patient Seriously Mentally Ill? ☐ YES ☒ NO
(If "Yes", complete this section. If "No", this section is not applicable and should not be completed.)

☐ Unable to discuss due to current mental status (check if applicable).

1.) Does the inmate-patient have a Psychiatric Advance Directive?
 a.) If "Yes", has the Advance Directive been reviewed with the patient?
 b.) If "No", does the patient want to develop an Advance Directive?
 2.) If 1b) is "Yes": Psychiatric Advance Directive MED CNY 22 (11/12) completed on (date).

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Comments:

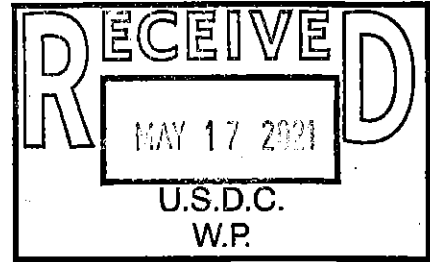
****FOR USE ONLY WHEN AN INACTIVE PATIENT IS ADMITTED TO THE RCTP****

PSYCHIATRIC HISTORY (to include inpatient history, outpatient history (both in community and in jail/prison), MHARS Portal, PSYCKES, Suicidal/Self-Harming, Behavior History):

DISPOSITION:

☐ No indication for active mental health services
☐ Active Screen for further assessment (Use RCTP DAILY NOTE (MED CNY 361) if still in RCTP for next visit.)
☐ Admit to mental health services

MENTAL HEALTH LEVEL TO BE ASSIGNED: 1
PATIENT NOTIFIED OF RIGHTS AND RESPONSIBILITIES ON: (date)



All Declairations By Hanely , Jamie Bowman , David Mead who were victums
of Excessive Force and Deliberate Indifferance while in S.H.U.

Sworn to before me this

7th Day of May, 2021.

Deborah A. Gumbus
Notary Public

Deborah A. Gumbus
Reg. No. 01GU6304688
Qualified in Franklin County
Commission Expires June 2, 2022^x

Respectfully Submitted,

CJ

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
GREEN HAVEN CORRECTIONAL FACILITY

NOTICE OF ASSISTANCE - ASSISTANT FORM - PAGE 2

INMATE: GIRARD, C NUMBER: 11A1352 CELL: shu-25

TO BE COMPLETED BY ASSISTANT:

I INITIALLY MET WITH THIS INMATE ON 8/13/18 AT 11:15 AM
(DATE) (TIME)

HE HAS REQUESTED THE FOLLOWING INMATES AS POTENTIAL WITNESSES:

NAME:	DIN:	CELL:	AGREES TO TESTIFY:
<u>HARRIS, R</u>	<u>95A4995</u>	<u>G6-343</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<u>Jacque, K</u>	<u>18B1450</u>	<u>G6-344</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<u>McNeil, A</u>	<u>16A2532</u>	<u>G6-345</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<u>Khan, D</u>	<u>16A5172</u>	<u>G6-350</u>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<u>BROOKS, R</u>	<u>15B3011</u>	<u>G5-243</u>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<u>ELIUS, D.</u>	<u>15B2507</u>	<u>G5-244</u>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

HE HAS REQUESTED THE FOLLOWING OTHER PERSONS AS POTENTIAL WITNESSES:

NAME:	DIN:	CELL:	AGREES TO TESTIFY:
<u>Meyers, D.</u>	<u>12A0706</u>	<u>G5-245</u>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
<u>Louder, J</u>	<u>17B3288</u>	<u>A6-351</u>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

OTHER REQUESTS:

UI

ACTION TAKEN:

ORDERED 8/14/18

Camera Footage Shu 1924 191 w/mic 12:15-12:20 191 & 192 } Request

CO Roman pictures of injury } Request

Camera Footage Shu elevator w/mic 12:15 Camera 33 } Request

Camera Footage Bldg 2 hallway - NO CAMERA

Camera Footage Mental Health area in Shu w/mic 12:45 Camera 161/R

All Injury reports pertaining to this incident - UI

Will hand deliver to Girard UI upon receipt. Butt

TO BE COMPLETED AT CONCLUSION OF ASSISTANCE:

I HAVE INTERVIEWED WITNESSES, ASSISTED AS REQUIRED AND REPORTED TO THE INMATE CHARGED.

ASSISTANCE'S SIGNATURE: M. Holland DATE: 8/14/18 TIME: 1:20

INMATE'S SIGNATURE: _____ DATE: _____ TIME: _____

INMATE REFUSED TO SIGN WITNESSED BY: _____ DATE: _____

Refused
till he
gets
UI

- Personally Sworn Affidavit -

Josh Louder
Green Haven C.F.
P.O. Box 4000
Stormville New York 12582

U.S. Court for the
Southern district of New York
Daniel Patrick Moynihan U.S
Courthouse, 500 Peal St, N.Y.C.
10007-1312

Date:

I Josh Louder 17 B3288 Under Penalties of Perjury
CPLR 2106 makes this Sworn Affidavit Under Personal Knowledge and
everything that is said in this Affidavit is accurate and here as
followed:

1). Since my arrival at Green Haven G-6-347 on February
12th-2018 and after Mr Girard 11-A-1352 would always Complain about
his stomach pains, he showed me Grievances of his (Dr) Korobkova
of her being Deliberatly Indifferant to his medical Injury's and
everyday he would put down for sick Call and sometimes would not
get called.

2). On february 24th 2018 he showed me a tissue full of
blood that he spit up and said he could not breath he was also rushed
to the Infirmary by strecher emergency sick call on the 26th of
February 2018 Girard came back from the hospitol and said the doctor
did not do anything and did not even see him but signed him out
with no treatment.

3). Mr. Girard has been Complaining about his stomach back,
and his left shoulder in which he has had surjry on and has not
recived Medical treatment he showed me a letter to the nurse admi
nistratior (Dr) Bentiveгна and the response of (Dr) being Deliberate
Indifferant.

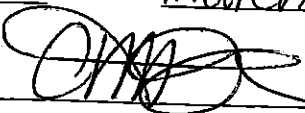
4). He has also showed me letters to the Superintendent
Griffen and acting and Dep. Collao as well in which he never recived
a response and he has even stoped these very same people and Personally
told them his problem and they failed to adress his medical problem
or help.

This Affidavit is made by my own Choice and not by threat,
or promise of any kind it is by my own will to give testimony .

I am willing to testify on behalf of Mr. Girard to this Affidavit
and the truth of facts that Occurred on the Days of February 24 2018
and 26th of February 2018 before and after.

SWORN TO BEFORE ME THIS

19th DAY OF March, 2018



Notary Public

CHRISTINA M PETERSON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01PE6347329
Qualified in Dutchess County
My Commission Expires 08-29-2020

Respectfully Submitted,

x

Joshua Louder
17-B-3288

- Personally Sworn Affidavit -

Hilbert Stanley
Green Haven C.F.
PO Box 4000
Stormville, New York
10582

U.S. Court for the Southern District
of New York Daniel Patrick Moynihan U.S.
Courthouse 500 Pearl Street
New York City 10007-1312

Court of Claims State of New York
at Empire State Plaza PO Box 7344
Capitol Station Albany, NY 12224

Date:

I H. Stanley #08A3572 under penalties of perjury OPR
2106 makes this Sworn Affidavit, is true and accurate
as followed:

1. I lock in SHU 2 company 2 gallery 21 cell and on
7/18/19 I was assaulted by staff here at Green Haven. I have
sustained major injuries of lacerations that required stitches to
my right eyebrow due to me being handcuffed behind my back and
further assaulted and sodomized while in handcuffed. I was sexually
assaulted by C.O. Hulsaire who also participated in the assault while
I was handcuffed. This intrusion was unwanted and caused these
individuals to place false charges of violate conduct, assault on staff, refusing
a direct order. This is a violation of my 1st and 8th amendment rights.

2. On 7/31/18 I heard Corrections Officers being Mr. Girard
in which he stated he had lacerations in his left and right eye
because he also received stitches in which was also by assault from
officers of Green Haven C.F. (C.O) Polito, (Sgt) Gilbert, (C.O) Rios in which
he was handcuffed they also maced him while beating him he was still
has the stitches in his head, eye brow. He has a hard time breathing and
working, they also put fake, false charges on him to cover up the assault

This affidavit is made by my own choice and not by threat or promise of
anykind it is of my own will to give testimony. I am willing to testify on
behalf of Mr. Girard to this Affidavit and the truth of facts that occurred
on 7-31-18 assault from staff

Sworn to before me this

Respectfully Submitted

21 Day of August 2018
[Signature]
Notary Public

ALEXANDRA Y KUINLAN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01KU6357068
Qualified in Warren County
Commission Expires April 10, 2021

PERSONAL SWORN AFFIDAVIT

JAMIE BOWMAN 11A1833
 GREEN HAVEN C.F.
 P.O. BOX - 4000
 STORMVILLE NY 12582

US COURT FOR THE
 SOUTHERN DISTRICT OF NEW
 YORK DANIEL PATRICK MOYNIHAN
 US COURT HOUSE 500 PEARL ST
 NYC 10007 - 1312

DATE - 8-13-18

COURT OF CLAIMS ROBERT
~~AVRANS~~ AVRANS STATE OF NEW
 YORK EMPIRE STATE PLAZA
 P.O. BOX - 7344, CAP. STATION
 ALBANY NEW YORK 12224

I JAMIE BOWMAN 11A1833 UNDER PENALTIES OF PERJURY UNDER
 -PLR 2106 makes this SWORN AFFIDAVIT UNDER PERSONAL
 KNOWLEDGE AND EVERYTHING THAT IS SAID IN THIS AFFIDAVIT IS TRUE
 AND ACCURATE AS FOLLOWS.

1) I LOCK IN SHU 2-23 CELL ON 7-31-18 I WAS ASSAULTED BY
 AND I SUSTAINED INJURY OF A BUSTED NOSE, RIBS & RIGHT SIDE
 OF CHEST IS INJURY'S MY LEFT KNEE & LEFT ELBOW WAS INJURY AS
 WELL AS A RE-INJURY OF RIGHT ANKLE DUE TO A RECENT OPOR
 ATION. THEY ALSO PUT FAKE CHARGES OF ASSAULT ON STAFF.

2) ON 7-31-2018 MR. GIRARD WOULD BE ASSAULTED THE SAME WAY
 BUT HE WOULD SUSTAIN LACERATION ON BOTH SIDES ON HIS
 LEFT EYE BROW AND AS WELL RIGHT EYE BROW IN WHICH HE HAS
 TO RECEIVE STITCHES HIS FACE WAS BRUISED AS WELL AS CUTS
 ON HIS WRIST FROM BEING IN HAND CUFF AND BLINDED BY MACE AND
 FURTHER BEAT. DUE TO WHICH HE PUT IN FOR A EMERGENCY/
 SICK-CALL FOR A ON GOING STOMACH INJURY HE, ALSO STILL HAVING
 THE STITCHES INSIDE HIS EYE STILL TO THIS DAY. WHICH CAUSE PERMANENT
 SCARS HE LOCK IN 2-25 SHU THEY ALSO PUT FAKE CHARGE OF ASSAULT ON
 STAFF AND VIOLENT CONDUCT AND DIRECT ORDER BY C.O. POLITO.

THIS AFFIDAVIT IS MADE BY MY OWN CHOICE AND NOT BY
 THREAT OR PROMISE OF ANY KIND IT IS, OF MY OWN WILL TO GIVE
 TESTIMONY. AND I AM WILLING TO TESTIFY ON BEHALF OF MR. GIRARD
 TO THIS AFFIDAVIT AND THE TRUTH OF FACTS THAT OCCURED OF -
 ASSAULT FROM STAFF ON 7-31-18

SWORN TO BEFORE ME THIS

REspectfully submit

13

OF August 2018



X
 JAMIE BOWMAN

JAMIE BOWMAN 11A1833
GREEN HAVEN C.F.
P.O. Box - 4000
Storreville N.Y. 12582

Sworn
Affidavit

DATE - 8-15-18

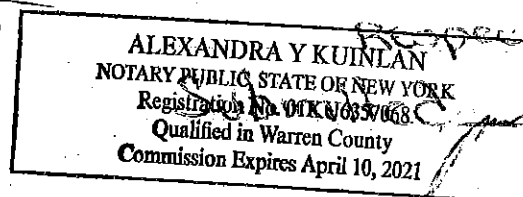
I JAMIE BOWMAN 11A1833 UNDER PERJURY
UNDER [CPLR 2106] makes this sworn
Affidavit under Personal Knowledge & everything
that is said in this Affidavit is TRUE & ACCURATE
AS FOLLOWED.

On 8-15-18 AROUND 7-8 AM I observed MR
BLOT Having a Loud conversation in which sgt Blot
stated why did you do that to me, why did you beat
me up in Hand-cuffs? MR. GIRARD said. sgt Blot
stated Your not even built like that & I'll put my foot in
your. This Affidavit is made by my own choice & with
promise or threat & I am willing to give testimony and
testify on behalf of MR Girard which happened on 8-15-18 of
me from sgt Blot.

Sworn to before me this

21 DAY OF August

Alexandra Y Kuinlan
Notary Public



9-17-18

David Mead
Green Haven CF
PO BOX 4000
Stormville NY 12582

I David Mead under penalty of perjury CPLR 2106 under Personal Knowledge would give this affidavit and all that is said in this affidavit is true and accurate as followed:

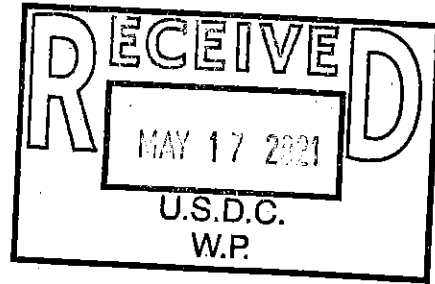
on 9-17-2018 I observed (SGT) Kats and (CO) Colombo try and make 22S Girard to cuffs behind his back to go to a hospital call-out in which they lied and stated that there is no waist chains to transport you. Mr Girard stated that he has injuries from a prison assault on 7-31-18 of being assaulted in handcuffs behind the back and being handcuffed behind his back would only aggravate his injuries.

This affidavit is by my own will and not by threat of any promise of any kind and I am willing to testify on behalf of Mr Girard as to the 9-17-18 attempted assault and med indifference.

Sworn to before me this
18 day of September 2018
Notary



Respectively submitted
9/18/18



All Grievances Including The Grievance Prea to C.O.R.C

Sworn to before me this

7th Day of May, 2021.

Deborah A. Gumbus
Notary Public

Respectfully Submitted,

x. [Signature]

Deborah A. Gumbus
Reg. No. 01GU6304688
Qualified in Franklin County
Commission Expires June 2, 2022

Chauncey Girard 11A1352 2-25 SHU

Green Haven C.F.

P.O. Box 4000

Stormville New York 12582

RECEIVED

SEP 14 2018

PLSNY - ALBANY

Date: 8-10-2018

IGRC-

Assault and Battery
Retaliation Sexual assault

Upon the above day and Dates that follow at G-348
On the date of 7-31-2018 Am shift I put down
for "Emergency Sick Call" Due to a already Documented
Stomach Injury that enables me to breathe normally (Co)
Thomas was the Correction Officer who took the Emergency sick
Call Stop Black women 15 minutes later (Sgt) Elmore accompanied
by another (Co) White man fat with Black hair told me at G63
to turn around so he could handcuff me, I told him I have limb
rotation in my left shoulder but complied anyways upon being handcuffed
coming out of G6348 to go to sick call the white (Co) Fat
put me on the wall grabbed me by my neck and pushed my
head on the Cell and began to Grope me while he continued to
pat frisk me he put his hand inside my pants and
grabbed my genitals and said "nice", I tried to move away
but he put his weight from his body on me and I asked (Sgt)
Elmore Black with Cornrolls, to the back light skin brown Eyes

for her (SGT) Elmore's name and said you just gonna stand there and be deliberate Indifferent to what just happened, she just gave me her name upon going off of 6 Company in which 347 Joshua Linder saw the whole incident & still kept myself composed because I was in a lot of pain. Going down the stairs to the second Company I stated I was going to write it up the white (Co) the fat one pulled his pin and tried to punch me in my face while I had cuffed from the back I tried to run away from two punches as best as I could to the second company then I got so others could see, I was then hit by another white skinny (Co) man other than the fat one (Rios) hit my face 2 and three times. In getting hit on both sides then I started to run and they spray me with mace both of them continued to beat me in front of (SGT) Elmore she did nothing to stop (SGT) Blot AKA Glock came to the incident without a camera and began beating me from 2 Company to the first company down in front of G Block (SGT) Glock ordered the fat white (Co) Polito to drop me on my face with mace in my eyes handcuffed from the back in which busted my eyes wide open left side after I started screaming the three Officers (SGT) Glock and two white (Co) continued to beat me when I stopped screaming they grabbed me and pushed me down the hallway of G Block upon the way going to steel

Grove Carried 7-31-2018

I said with just one eye open on the corner of building 2 and E black hallway and (Sgt) Black punched me in my right eye and split it wide open blood everywhere they bring me to SHU where I was given Sgt McWay and he put in the shower pictures were taken and I went to the infirmary they put glue in my left eye & leucorhag I had two lacerations in which cause scarring bruises all over my body 8th Amendment violated excessive force and brutal punishment Deliberate Indifference 1st Amendment violations and failure to protect Deliberate Indifference and they put Felon Charges on me Due to the fact that medication would go to medication without hand cuffs would give cause to show retaliation to party 1483 CV 2626

Resolution#1: I want to know the names of Lt (C) black hired Skinny (C) white who came up the stairs to help the Lt white (C) with black hair to be held accountable for sexual and physical assaults that happened on 7-31-2018 (Sgt) Clock (Black), Assault and Battery and Sgt Elmore. Failure to protect Deliberate Indifference, I want this grievance to be processed as soon as possible by GP Shumway. ~~Case~~ Grievance brought to when handcuffs bodycam - End of Grievance -



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner


MEMORANDUM

From: Shelley Mallozzi, Director, Inmate Grievance Program
SUBJ: Receipt of Appeal
Date: 6/1/2020

C GIRARD 11A1352
Green Haven Correctional Facility
Your grievance GH-90072-18 entitled
Harassment/Assault
was rec'd by CORC on 5/7/2019

A disposition will be sent to you after the grievance is reviewed by CORC.

GIRARD 11A1352

 Corrections and Community Supervision ANDREW M. CUOMO Governor ANTHONY J. ANNUCCI Acting Commissioner	Grievance Number GH-90072-18	Desig./Code I/49	Date Filed 08/14/18
	Associated Cases		Hearing Date 09/10/20
	Facility Green Haven Correctional Facility		
INMATE GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE		Title of Grievance Harassment/Assault	

GRIEVANT'S REQUEST UNANIMOUSLY DENIED

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby denied.

CORC notes that the grievant was involved in an appropriately documented Unusual Incident (UI) and Use of Force (UOF) on 7/31/18 after he assaulted staff. He was decontaminated following the use of chemical agents and seen by medical staff for lacerations to his eyebrows and a scrape to his knee. CORC further notes that the UI/UOF was investigated by the Office of Special Investigations and the investigation was closed as unsubstantiated. CORC advises him to address security concerns to area supervisory staff, at that time, for the most expeditious means of resolution. It is noted that his allegations of sexual assault have been reported in accordance with the Department's PREA guidelines.


CORC notes that the grievance program is not intended to support an adversary process and that no reprisals of any kind shall be taken against an incarcerated individual or employee for good faith utilization of this grievance procedure. An incarcerated individual may pursue a complaint that a reprisal occurred through the grievance mechanism.

CORC notes that the grievant was issued a Tier III misbehavior report for his actions on 7/31/18, which was upheld upon appeal by the Office of Special Housing/Inmate Discipline on 11/28/18. CORC asserts that there is no provision in Directive #4040 for the grievance program to be used as an additional or secondary appeal mechanism for a misbehavior report. CORC advises the grievant that he is solely responsible for his actions while in the Department's custody and to maintain a positive custodial adjustment.

With regard to the grievant's appeal, CORC notes that the investigation was conducted in accordance with Directive #4040 and that he has since been transferred.

RAL/

11A1352 C. Girard SHU-25

 <p>NEW YORK STATE Corrections and Community Supervision</p> <p>ANDREW M. CUOMO Governor</p> <p>ANTHONY J. ANNUNCI Acting Commissioner</p>	<p>Grievance Number GH-85230-17</p>	<p>Desig./Code 1/22</p>	<p>Date Filed 1/4/17</p>
	<p>Associated Cases</p>		<p>Hearing Date 8/1/18</p>
<p>INMATE GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE</p>	<p>Facility Green Haven Correctional Facility</p>		
	<p>Title of Grievance Change Provider</p>		

GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART

Upon a full hearing of the facts and circumstances presented in the instant case, and upon recommendation of the Division of Health Services, the action requested herein is accepted in part.

CORC notes that the grievant's complaint has been reviewed by the Division of Health Services' staff who advise that a complete investigation was conducted and that the grievant is receiving appropriate treatment. CORC asserts that he is not entitled to be seen by the health care provider of his choice.

It is noted that GH-84217-16 was answered by CORC on 2/7/18.

CORC recommends that the grievant address any further medical concerns to medical staff via established sick call procedures.

HLK/
